



State of Georgia  
Department of Revenue  
Motor Vehicle Division  
P. O. Box 740381  
Atlanta, Georgia 30374-0381  
1-855-406-5221

**Authorization to Apply for a Regular Issue License Plate Following the Reinstatement of Driving Privilege**

**Section I. Suspended Driver's Information**

\_\_\_\_\_  
(Full Legal Name) (Date of Birth)

\_\_\_\_\_  
(Address Including City, State & Zip )

\_\_\_\_\_  
(Driver's License Number) (Special License Plate Number) (Telephone Number Including Area Code)

**Section II. Vehicle & Insurance Information**

\_\_\_\_\_  
(Year & Make Vehicle) (Model Name or Number) (Color) (Vehicle Identification Number - VIN)

\_\_\_\_\_  
(Insurance Company's Name) (Policy Number)

Period of Coverage: from \_\_\_\_\_ thru \_\_\_\_\_  
(From Date) (Thru Date)

**Section III. Signature of Applicant and Confirmation of Reinstatement of Driving Privilege**

I hereby certify that the special license plate issued for the above-referenced vehicle pursuant to §40-2-136 of the OCGA will be surrendered to the County Tag Agent at the time that I apply for a regular issue license plate. I further acknowledge that I must provide proof of valid insurance to the Tag Agent at the time that I make application for a regular issue license plate, and the vehicle must be eligible for registration pursuant to §40-2-26(d) of the OCGA.

\* I have attached the required certified copy of a Georgia Motor Vehicle Report that is provided by the Georgia Department of Drivers Services.

\_\_\_\_\_  
(Applicant's Signature) (Date)

The driving privilege and/or driver's license of the above-named driver have been reinstated, and he/she now is eligible to apply for a regular issue license plate for the above-referenced vehicle pursuant to §40-2-136(c)(4) of the OCGA.

\_\_\_\_\_  
(Authorized Department of Revenue Signature) (Date)

**DOR SEAL**